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Complete Care Services Nelson

Inspection report

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Date of inspection visit:
27 October 2016
02 November 2016

Date of publication:
14 December 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection at Complete Care Services Nelson on the 27, 28 October and 2 November 2016. This included contact made with people using the service on the 28 October and 2 November 2016.

Complete Care Services Nelson is registered with the Commission to provide personal care. The agency provides domiciliary care services within the borough of Nelson and surrounding areas. The range of services provided includes personal and social care and domestic assistance. The agency office is staffed during the hours of 9:00 am to 5:00 pm, with a 24-hour on-call system for emergencies. At the time of our inspection there were 82 people receiving a service.

We last visited Complete Care Services Nelson on the 14 & 15 January 2014. The service was fully compliant in all areas assessed.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the service was meeting the current regulations.

People using the service received care and support from a team of staff who had been recruited safely and trained to deliver safe and effective care and support. People told us they felt safe from abuse or harm and they were treated with respect. They said staff were trustworthy and respected their home. They also told us they felt safe in their homes because staff followed their instructions to gain access to their property and they left their homes secure when leaving.

People using the service and their relatives described the service as being "Very good", "First class" and "Exceptional". We were told staff were very respectful, attentive to their needs and treated them with kindness and respect when providing their support. Staff were also described in such terms as being "Really lovely", "Absolutely wonderful" and "Lovely people".

Staff had been trained in safeguarding vulnerable people and knew what to do if they suspected any abusive or neglectful practice. Safeguarding procedures were in place to guide and direct staff in reporting any concerns they had. People we spoke with knew what to do if they had any concerns regarding the staff who supported them.

Risks to people's health, welfare and safety were managed very well. Risk assessments were thorough and informed staff of the actions to take to support people safely. People knew they could contact the agency at any time and had emergency contact details for out of office hours.

There were appropriate arrangements in place to support people to take their medicines. People received their medicines as prescribed, by staff that had been trained to do this safely. People we spoke with told us their visits were arranged to ensure they got their medicines at the right time.

Staff knew what to do in emergency situations and had guidance around keeping themselves and people they supported safe. Good arrangements were in place for staff to gain entry into people's homes without placing them at risk. Staff were provided with protective equipment such as disposable gloves and aprons to minimise the risk of cross infection between the people they visited and they had been trained to move people safely.

Staff were trained in the principles of the Mental Capacity Act 2005 and understood the principles of 'best interest decisions' regarding people's care and support. People's diversity was respected and care plans were well written, person centred and focused on the needs of people using the service. People's right to privacy, dignity, choice and independence was considered and reflected in their care plan.

Staff felt confident in their roles because they were well trained and supported by the manager to gain further skills and qualifications relevant to their work. Staff were effectively supervised and were subject to spot checks to make sure high standards were being maintained at all times.

Staff had been trained in 'End of Life Care'. This meant people receiving this specialist care could be confident staff had the skills and knowledge to ensure they would be treated with respect and compassion and their dignity and comfort always considered. The service worked in partnership with other agencies to ensure people received person centred care.

The service provided was flexible in meeting people's needs. Visit times were scheduled to suit personal requirements. People we spoke with told us if they requested a change of visit time this was arranged. Assessment of people's needs was an on-going process which meant any changes to their care was planned for. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

People had opportunities to raise any issue of concern or pass on compliments about the service to the manager and registered provider. People we spoke with had confidence in the registered manager to deal professionally with any complaint they raised.

People, their relatives and staff expressed their confidence in the manager and felt the agency was very well managed. Staff performance was monitored well and staff were accountable for their practice. Tele-monitoring (ringing the office when they arrived and left people's homes) was used to make sure staff were meeting their obligation in attending to people as and when required and to ensure visits were never missed. Staff expressed job satisfaction and told us they felt valued. Incentives to raise standards in staff performance were in place and appreciated by staff.

We found there were good systems in place to assess and monitor the quality of the service, which included feedback from people using the service. Results of surveys completed showed a high satisfaction with the service people received. The service had signed the 'Dignity In Care' pledge, and Unison's Ethical Care Charter and worked in partnership with other agencies to raise standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe in their own homes and that staff were respectful to them and their property. They were cared for by staff that had been carefully recruited and were considered to be of good character.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care and support that was specific to their needs. People were supported by staff that were well trained and very well supervised in their work.

Staff and management had an understanding of the Mental Capacity Act 2005 legislation and best interests decisions.

People's health and wellbeing was consistently monitored and staff worked in partnership with health and social care services when delivering care and support when necessary.

Visits were arranged to ensure people were supported when required, to eat and drink.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was respected by staff. Staff were described as 'going that extra mile' to help and were friendly, caring and considerate.

People's care and support was provided according to their expressed wishes and preferences.

Is the service responsive?

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded well to any changes in people's requirements including emergencies.

People felt able to raise concerns and had confidence in the manager to address their concerns appropriately.

Good ●

Is the service well-led?

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The manager had ensured sound social care ethics were embedded in practice and core values of honesty, involvement, compassion, dignity, independence, respect, equality and safety were central to people's care and support.

There was open and effective communication between the management, staff, other professionals, people who used the service and relatives. This ensured everyone was fully involved in developing and improving the service and that staff were valued and managed well.

Good ●

Complete Care Services Nelson

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27, 28 October and 2 November 2016 and the first day was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent questionnaires to people using the service and relatives asking them to comment on the quality of the service. We also contacted 5 staff and 2 professionals asking them for their views.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with eight people who used the service or their main carers. We spoke with three staff members, the registered manager, the office manager and two senior management staff. We contacted four staff members via email and looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality

assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rotas, staff supervision, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with told us the service they received from the agency was what they wanted and had requested. They said they felt safe in their home and they considered staff were trustworthy. Their comments included, "I have never had to complain about the way staff look after me. I trust them and that's what matters. It's good when you get the same carers because they know you and you get to know them". "They use my key safe to let themselves in and shut the door before they go. I do trust them and I'm glad someone is calling during the day to see I'm all right." "They ring me each week and tell who will be visiting. They never miss a visit and the girls treat me well. Overall I'm happy with the service I get." "I always feel safe with the girls; they are clean and respectful when they visit."

Relatives of people using the service also told us they were confident their relation was safe from abuse or harm from the staff. One relative told us, "Complete care has always sent us staff who have shown nothing but respect for us and our home. They are really very good and are very patient and kind. I have no worries and I know [my relative] is in safe hands." "They are very trustworthy. [My relative] loves them coming. I've nothing but praise for them."

The manager told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service. The manager told us recruitment of staff was an on-going process and we noted on the first day of our visit, interviews were taking place. The manager told us it was important to get the right calibre of staff and recruitment would continue to be an on-going process to ensure this.

Care staff we spoke with told us they were never expected to slot another visit in that would impinge on other people's allocated time and place them at risk of not receiving the right care. Additional visits required were managed by the office. Staff also told us when people needed two carers they always worked as 'double ups'. Staff told us they did cover additional visits to cover for annual leave. If a member of staff rang in sick the office arranged cover from existing staff. There was always someone on standby that could help. Staff spoken with told us rotas were usually managed well and they knew in advance who they would visit. Staff also told us if they were dealing with an emergency during their visit, or were concerned about someone, the management team arranged cover and provided support through a crisis. This meant people were not left at risk in emergency situations and received the help they needed at the right time. Staff told us there was always someone on the end of the phone to take advice from.

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety and well-being of people who used the

service.

We looked at how the service managed people's medicines. Records showed that training in the safe management of medicines was provided to staff as part of their induction. Newly trained staff were 'competency' checked during their shadowing training and as part of their supervision. Spot checks were also carried out and medicines administration records returned to the office from people's homes were audited by the registered manager.

Care records showed people were 'prompted' to take their medicines by staff. Staff recorded medicines had been taken on daily records. We looked at a sample of returned Medication Administration Records (MARs) and found they were completed as required. We noted visits were arranged to enable people to take their medicines when they needed it.

There were safeguarding vulnerable adults procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic. All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of their day to day practice. One staff member commented, "It's our duty to report any concerns to the manager. I'm confident she would take the right action to deal with it. I've never had to report any concerns around safeguarding."

There was a whistle blowing policy and procedure for staff reference which was included in their staff handbook. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'.

There was evidence to show the management team worked with relevant stakeholders to ensure people's safety. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies. We could see from looking at safeguarding notifications that the registered manager had taken swift action by reporting safeguarding issues with relevant authorities when safeguarding matters were brought to their attention.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. There were policies and procedures written to support staff to work safely and were included in the staff handbook. A few examples of many included, protective clothing and equipment, home security, lone working, professional boundaries, fire safety, personal safety, gifts and legacies, smoking, violence and aggression, anti-harassment, drugs and alcohol and infection control. Staff also knew for example what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare. Staff were provided with equipment for the prevention of infection such as disposable gloves and aprons.

We found the assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received. The scope of assessment was wide ranging and covered for example mobility, medication, bathing and showering, dressing and more personal needs. In addition to these, assessments were also carried out on the environment and equipment people used to make sure they were safe and fit for purpose.

Information we received in the provider information return (PIR), informed us risk assessments were in place to ensure the safety of both staff and people using the service. The PIR stated, "Everyone has the right to live their life free from violence, fear and abuse. All adults have the right to be protected from harm and exploitation. All adults have the right to self-determination, which involves a degree of risk. We undertake in-depth risk assessments on service users which cover many areas such as moving and handling, violence and aggression and financial matters which highlight any areas which are risk and enable us to develop a strategy to reduce the risk." A new care plan had recently been introduced to support this. The PIR stated, "We have recently implemented a new care plan which allows us to focus on allowing people to be supported to undertake risks and actively seeking for ways to reduce the risks as much as possible. We understand and fully uphold the belief that a disability or illness should not refrain people from living their life as they wish and our carers will go the extra mile to ensure they are supported to do this as much as possible."

Management of identified risks was well documented and provided staff with detailed guidance on how to keep people safe. Security of people's homes was taken into account. Some people used key safes to allow staff access to their home. Staff were instructed to ensure the property was safe and secure before they left. People we spoke with told us staff were "Always checked" and were "Good" at ensuring their homes were left secure. They commented, "I never have to worry about the door being left unlocked. I have a key safe so they have to put the key back before they leave." "The key safe is a good idea. I'm reassured only staff visiting have the combination number." We saw documentary evidence to demonstrate all risk assessments specific to people's needs were updated on a regular basis. All staff were provided with an identity card that was renewed periodically and remained the property of the company.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service. All the staff had been trained in health and safety, fire safety, use of equipment people used and food hygiene/handling. We noted however that staff had not received any practical training in first aid. We discussed this with the office manager and registered manager. We were told staff had procedures to follow should they find themselves in a situation where emergency aid was required. These were quite robust and were part of staff induction training.

Is the service effective?

Our findings

All of the people we spoke with considered the staff had the skills and knowledge to support them as they needed. They considered staff supported them to be as independent as possible and they had care and support from familiar and consistent staff. They commented, "I have got every confidence in the staff. They don't take over but help me do what I can for myself. I can ring the office any time I need help and they send someone." "It's all written down what the staff have to do and what I want. I have a care plan in place. I can ring the office if I have any problems. It's a well run service." "It's a very good service. Exactly as I like it, in fact ten times better than the other agency I had, no names mentioned. When I came out of hospital, I was taking more medicines than I needed. When they visited me to ask me what help I would need, they spotted the error and soon had it all sorted. They are really very good and I would recommend this service." "I usually get the same two carers. They are brilliant. They do everything they need to do and more. I'm very satisfied." "Staff come and go but I usually have a least one carer that visits regularly. When I get a new carer they come with one of the more experienced staff at first. They always ask me if it's ok. They are all really nice and know what they are doing. I know if I had a problem I can contact the office."

We looked at a service quality monitoring survey. This showed people were very satisfied with the agency and the service that they provided. One person commented, "I have always been satisfied with my regular carer and also with the ones who step in to cover for holidays or illness. Their attitude and manner are lovely." Another person commented, "I like to see the carers and we all work well together." And another person said "I get good care from the carers." Relatives commented, "As a family who supports [Relative], without the help and kindness of Complete Care staff, I don't know what we would do. Thanks so much." And, "Outstanding service provided." "I get good care from the carers."

Staff had been trained in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. It was clear people's right to make decisions was foremost in the planning of their care. We could see how people were consulted during their assessment as to the level and type of support they required. Staff we spoke with understood the principles of best interests decisions and the importance of gaining consent from people. Useful information about peoples preferences and choices was recorded. Where people had some difficulty expressing their wishes records confirmed they were supported by family members. This included people with valid and active lasting powers of attorneys (A lasting power of attorney gives people nominated by an individual the legal authority to make decisions on their behalf, if the person is unable to in the future or no longer wish to make decisions for

We looked at how the provider trained and supported their staff. We found very good evidence that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they started work with the agency. This included an initial induction on the organisation's policies and procedures followed by the provider's mandatory training and required elements of the Care Certificate. The

Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with confirmed that they received training. We saw evidence new staff also shadowed more experienced staff before they were allowed to work on their own. Records showed that staff were required to demonstrate their competence throughout their induction by being observed carrying out tasks and with regular spot checks. Training was provided both internally and from external accreditors. Most of the staff held a National Vocational Diploma in social care level 2 and or above.

Care staff told us they received regular supervision and appraisal of their work. They said, "We do have supervisions carried out. Sometimes these are when seniors observe us during spot checks." "We get feedback from service users both positive and negative in showing how we can improve. That way we learn what people really want. I think it's really good. We have regular supervision, spot checks and meetings. I think it's a very good agency to work for." We looked at records of supervision of staff. The topics included the types of supervision for example, catheter care. It also included views of people who used the service regarding the attitude of carer, their willingness, time keeping, standard of care, and practical aspects of delivering a service such as food hygiene and medication competency. Staff told us there was an open door policy at the office. They said that they could speak to the manager in private anytime. We saw staff training records were completed and copies of training certificates filed appropriately.

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they required. One staff member we spoke with said, "Communication is very good. Care plans are kept in people's homes and they are very detailed. If there are any changes to people's care we are told straight away." Another member of staff told us "Care plans are really good. They provide us with all the information we need and what we should be mindful of. When people's needs change or we have been off duty for some time, we are told before we visit people what the changes are."

Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times. Where relevant, their food preferences and any specialist dietary needs were provided. One person we spoke with who used the service told us staff prepared and made meals. They said, "Whilst I'm finishing off getting dressed and comfortable they will make my breakfast. I don't have much. They always tidy up and wash up before they go and leave me with a hot drink." Staff shopped for food if people needed this support. Food hygiene was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely.

Health issues were discussed during the assessment of people's needs. We noted good reference to people's healthcare issues were recorded in their health history and how this impacted on their current wellbeing and daily life. Staff had good guidance on what these health problems meant for people they supported and what they should be mindful of when providing their care. This meant that staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health.

Is the service caring?

Our findings

People we spoke with told us they were treated with respect, kindness and care by staff that supported them.

People described staff with words such as "Excellent", "Really lovely", "Absolutely wonderful" and, "Lovely people". One person told us, "I have two carers who I have to say they are absolutely brilliant and very respectful. They cheer my day and we have a good laugh together. Their work ethic is impressive and I feel they are my friends, good friends at that. I'm very happy with the service." Another person told us, "They don't just respect me they respect my home as well. When the girls arrived and saw I had a new carpet they took their shoes off. I didn't ask them to, but I was really impressed with them and the respect they showed for my home." Staff were also described as "Going that extra mile" to support people.

We also looked at comments received at the service in a quality monitoring survey. People's comments included, "They do over and above what is expected of them and enable [relative] to live in their own home and be looked after." [My relative] has a lovely team of carers who care for his every need. They are kind polite and very thoughtful". [My relative] is very happy with his care workers [named staff]. They treat him with care and consideration and have a laugh and joke with him. It's not hard to see these ladies do care about him. As a family it means a lot to know he is happy." And, "Nothing to make a complaint about. I am always very happy to see a member of your staff. They are always respectful and polite."

The agency had a code of conduct and practice that staff were expected to follow. We saw evidence this was being monitored with spot checks being carried out on all staff. Staff we spoke with told us they enjoyed their work. One staff member said, "I think all the carers are really good and caring. [Manager] wouldn't stand for less. It's all about the people we support and sometimes we are the only people they see. It's important to give them as much quality time as we can." Another staff member said, "With this company I feel I have time for people. It can be a little hectic at times but we understand the people we look after. Having a good manager and good support from the office means people are never overlooked."

According to the PIR the manager told us that all the carers who work for the agency had been vetted to ensure they were of the highest quality. To monitor this they had extended their probationary period to 6 months to ensure staff were familiar with and applied in their daily practice the Code of Conduct for Health and Social Care Workers.

The manager considered staff at all levels truly cared about what they do and would go that 'extra mile' to help people. We were told that care focused on the individual and their expressed needs and preferences were always considered and that people were treated with dignity and respect at all times.

We were able to confirm this in records we viewed at the agency. Care plans were very well written placing people at the centre of their care. We saw that the views and wishes of the people were recorded and it was clear people were involved and able to make decisions about their care and support.

We looked at rotas for staff and noted that staff were assigned to regular people providing consistency wherever possible. Most of the people we spoke with told us they were introduced to their care workers before they provided care or support. We saw evidence at the office people had been consulted before their regular staff allowed new staff to accompany them. Care staff we spoke with told us the managers tried to keep the same people on their rota. This did change occasionally when cover was needed, but over the course of their work they got to know people using the service and this helped to build positive relationships with them. Staff were able to demonstrate they had a good understanding of their role in providing people with person centred care and support. One staff member said, "I tend to get the same people most weeks. It helps to get to know people and what is important to them. People look forward to seeing us."

The registered manager advised us in the PIR that they worked very closely with the local hospice who provided end of life training for staff and provided guidance with regard to best practices. Staff had been trained in end of life care. This meant staff could approach a person's end of life care safe in the knowledge they were caring for the person according to their wishes, ensuring their dignity and their comfort, and treating them with respect and compassion.

The service had signed the Dignity is Care Charter that promoted dignity at all levels and had also signed Unison's Ethical Care Charter. This was a set of commitments designed to protect the dignity and quality of life for those people and the workers who cared for them. The Charter advised that workers should have the freedom to provide appropriate care and should be given time to talk to people they supported and the time allocated to visits should match the needs of people. Visits should be scheduled so that homecare workers were not forced to rush their time with people or leave them early to get to the next visit.

Is the service responsive?

Our findings

People we spoke with told us they were involved in decision-making about their care and support needs. They said they were very happy with the service they were getting. One person told us, "They help me with personal care. I can't get in the bath on my own. They are used to me and know what I need and are very good at their job. I can change the time of my visit any time as long as I let them know. They are good like that. When I had a hospital appointment I let them know and there was no problem." Another person told us, "I've reduced the number of visits I have as I'm a little better thanks to their support. When I first started using this agency the manager visited me and asked me all sorts of questions such as what help I needed, what I could manage myself and we came up with a plan. I get help to get up, washed and dressed and they prepare my breakfast. They are all very nice. Once I get going for the day I'm all right and they check I'm all right at night. If they see anything else they can do to help me, they will do it. They never leave without asking me if I need anything else." A relative we spoke with told us, "I couldn't cope with [my relative]. He needed more help than I could provide. They get him up, shower and dress him and bring him into the lounge. He loves them coming. They work extremely hard and are an enormous help to me. [Staff member] will do anything for me. She is very, very good. I can ring the office anytime if I need help and it's given." Every person we spoke with told us staff never left them without asking if there was anything else they needed.

We noted people could request a service direct from the agency or through a referral from social services. The registered manager told us that when they received a referral for the service they visited the person to discuss their requirements with them and carried out an assessment of their needs. The assessments focused on people's individual circumstances and their immediate and longer-term needs. The registered manager also told us they liaised with other health and social care professionals to support people to remain in their own home and to improve their quality of life. We were given examples in the PIR that demonstrated how the service was responsive to people's changing needs which meant people could continue to live in their home with the right support in place.

We looked at three assessments of people's needs and care plans at the office and samples of daily records staff had completed that had been returned to the office for confidential storage. The assessments identified the level of support people required and any associated risks to their health or wellbeing. We saw information about the person had been gathered from a variety of sources such as health and social care professionals, relatives and the person themselves.

Care planning was based on activities required at specific times and was risk based. For example support to get up, washing and dressing, bathing, meal preparation, medication support and social care. The plans were person centred which meant they were very clear about what carers needed to do when supporting people according to their wishes and also what they should be mindful of when providing that support. There were processes in place to review people's care plans as routine. This was to help ensure the service was continuing to meet the needs and expectations of the individual and discuss if any changes that were required. This enabled staff to monitor and respond to any changes in a person's well-being. We found people could change their requirements for a service whenever they chose.

A record of the care provided was completed at the end of every visit. We looked at some of these records that had been returned to the office for confidential storage. They were well written and very clear as to the level of support people had received. The reports were written respectfully and with sensitivity to people's circumstances. The manager told us records were checked during spot checks and those returned to the office were audited to ensure staff followed their procedures for maintaining records. A recent staff meeting had highlighted the importance of staff writing clear and accurate records of the care and support they provided. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

Staff we spoke with told us they were well trained and were given enough information to know what people required. Care plans were kept in people's homes and these had good information about people's needs. We were told staff were always given updates on people's needs if they had changed. One staff member said, "Every person we visit has a care plan. If there are changes the office will let us know before we visit people." Another staff member told us, "I think the care plans are good and quite specific about what we need to do. They are easy to follow and when changes to the service are made, we are always told about this."

The registered manager told us, in the event of a medical emergency whilst providing care, staff stayed and supported people until they were confident the person was safe and under the care of relevant professionals such as a general practitioner or transferred to hospital. A staff member told us, "If we find someone isn't well we stay with them. There is always someone available to ask for advice." The manager told us, "We always have someone available to attend to emergency situations. Staff and people using the service know we are here to support them."

People we spoke with confirmed they knew how to make a complaint and were confident this would be dealt with appropriately. People who completed our survey mostly agreed. Comments included, "My care and support workers respond well to any complaints or concerns I raise" and, "The staff at the care agency respond well to any complaints or concerns I raise." The service ensured that all people using the service were provided with details about how to make a complaint along with contact numbers for the management team. We discussed the benefits of including all relevant contact details of organisations that would support people to raise issues, including the Local Government Ombudsman and the Care Quality Commission (CQC).

We found the service had systems in place for the recording, investigating and taking action in response to complaints. There had been four formal complaints in the past 12 months. We noted these complaints had been dealt with appropriately and within the time scales of the policy.

The service held a file for compliments. All the comments we saw were thanking the service for its high standard of care and kindness of staff. The manager told us satisfaction surveys were sent out annually to people and their families where appropriate. The surveys asked for people's experience with areas such as professionalism and approachability of care staff. In addition to this people were regularly asked personally via telephone contact or visits with regard to their satisfaction of the service.

Is the service well-led?

Our findings

People we spoke with all agreed they knew who to contact in the care agency if they needed to. They also told us they were asked from a variety of sources to give their views on the service the agency provided. One person told us, "I get a few questionnaires. Sometimes I fill them in but it's such a good service I never feel I need to respond to everyone. I'm very happy all round and if I wasn't [the manager] would deal with it." People told us they were fully informed of what to expect from the service when they started to use it and expressed confidence in how the agency was managed. One person told us, "The nice thing is when you ring the office, the staff are really helpful. If they ring you they want to know how things are and I never feel I'm wasting their time. There are always those little pleasantries passed, how are you? and how is everything? and are you keeping well? That makes you feel valued". People told us they felt listened to. They commented, "All the girls [staff] are good and I've no complaints, although it's important to have the right chemistry. I once asked to change a carer purely for that reason and they did this without any fuss. It's a good agency and the manager and office staff are very approachable." Another said, "I've had nothing but a positive experience and I've no concerns at all."

There was a registered manager in post who had overall responsibility for the operation of the service. He was supported in his role by an office manager. The office manager had a high profile role in ensuring people using the service received quality care. She was supported by a management team who co-ordinated rotas for carers and care quality support workers who completed care plans, risk assessments, reviews and staff supervision. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

The manager told us they had an 'open door' policy encouraging communication, transparency, and a positive working culture between everyone. They had regular discussions with care staff about people they supported and at times members of the management team visited people in their homes and co-ordinated multi agency meetings to implement the necessary changes to people's care and support. Feedback about the quality of the service was seen as very important. We looked at comments people made about the service in a quality monitoring survey. These included, "Outstanding service provided", "Excellent" and "Go above and beyond".

The management team had regular contact with people using the service and or their relatives. All activity and telephone calls were documented to make sure any information received was not overlooked. Information in the PIR explained, "When we undertake reviews with service users we look for underlying patterns in any criticisms or complaints and work with the team to overcome them. For example, we have changed our procedures to ensure that if someone has phoned in ill at the last minute we will telephone the customers on their rota to inform them about what is going on and reassure them that we are in the process of covering their visit. This was in response to feedback around the lack of communication with the office staff when visits were changed at the last minute. Everyone at Complete Care is proud of what we do and work hard to promote our services in these challenging times with pride and integrity."

Communication was effective. The manager told us they encouraged staff to visit the office. Weekly memos were sent to all staff keeping them updated on changes, providing information relevant to their work. Team meetings were held regularly and topics discussed were varied and encouraged good performance. Carers had the opportunity to raise concerns or issues and discuss them as a team. The manager told us they linked with other branch managers within the company and attended regular managers meeting where ideas, experiences and best practice guidance was discussed. In the PIR the manager told us, "We use our collective experiences to navigate through any issues, such as reoccurring complaints or recruitment issues. Having this supportive team means I feel confident and well supporting when making decisions. We are also subject to an audit by the regional manager who undertakes a mock CQC inspection. I feel that this is important throughout the organisation; therefore, we have a structured office environment with clear lines of responsibilities and leadership. All staff have someone who they can turn to and ask for support."

All staff had been trained and received regular supervision and appraisal of their work. The introduction of e-learning to compliment practical and classroom based learning had improved staff's work/home life balance. Staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. The manager told us, "Where there has been a slip in standards; I actively challenge it through our disciplinary procedures, but also providing active support to enable improvement."

Staff we spoke with had a good understanding of the expectations of the manager and had clear defined roles and responsibilities to people using the service, themselves and the agency. They were well informed and had a good working knowledge of the people they supported. We saw that the management team constantly monitored care workers reports of visits when these were returned to the office or during a spot check. This helped the registered manager to make sure staff provided the care and support people required. The agency used a tele monitoring system. This meant staff were required to call in to the office when they arrived at people's homes and log out when they left. The information provided from this meant the management team were able to monitor more effectively that staff were meeting their obligations in attending to people as and when required.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We looked at the results of the latest survey and noted a high level of satisfaction.

We found staff we spoke with were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their roles, responsibilities and duty of care. Staff were very complimentary about the management of the service. They told us they had received the training they needed and were very well supported by the management team. They said the management team were approachable and they considered the agency was well led. We determined there was a good working relationship between the manager and staff.

The manager told us they valued the staff and had implemented rewards for performance. For example a gift voucher award had been introduced for staff who met their target in using the tele monitoring system. Staff we spoke with told us they did feel they were valued and well supported at work. One staff member said, "[The manager] is very supportive. She is very forthright with regards to quality of people's care and will encourage us all to do well. In my opinion it is a very well run service where everyone matters. We can ring the office any time and know there is support available. I can ask for any training I like if it helps me with my work. I enjoyed the training on Alzheimer's."

There was also a process in place to monitor any incidents, accidents or complaints. This meant there was

constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year. A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to reflect any necessary changes.

There were systems in place to ensure the quality of care practice. We were able to confirm this during our visit. The manager told us they received regular legislation updates and attended seminars to keep up to date with best practice in social care. They had signed up to 'Dignity in Care' and 'Unison's Ethical Care Charter'. They had also built up relationships with Carers Link in Lancashire and joined the Lancashire Domiciliary Care Providers Forum (LDCPF) to ensure they were abreast of current local issues within Lancashire. According to the PIR the manager informed us they were looking at ways to 'give back to the community' and were in the process of nominating a local charity to work in partnership with, to promote their cause and raise money to support them.

The registered provider had achieved the Investors In People (IIP) award which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.

The manager set out detailed planned improvements for the service in the PIR under safe, effective, caring, responsive and well led. This demonstrated the registered manager had a good understanding of the service and was focused on improvements.

There were procedures in place for reporting any adverse events to the CQC and other organisations such as the local authority safeguarding team.